

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Medical Examination and Transcription Method, and Associated Apparatus, the specification of which:

 x is attached hereto.

 was filed on as Application Serial No and was amended on (if applicable).

PCT Application Entering National Phase

 was filed on as PCT International Application No. and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>Prior Foreign Application(s)</u>	<u>Priority Claimed</u>
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<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<u> </u> Yes	<u> </u> No
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I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

<u> </u> (Application Number)	<u> </u> (Filing Date)
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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s)

listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
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I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Daniel H. Golub
Registration No. 33,701

Glenn B. Foster
Registration No. 32676

Address all telephone calls to Daniel H. Golub at telephone number 215.963.5055.

Address all correspondence to Daniel H. Golub
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103-2921

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature Ranjan Sachdev Date 12/28/01

Full Name of sole or first inventor Ranjan Sachdev
Residence: 294 Wedgewood Road
Bethlehem, PA 18017

Post Office Address: SAME

Citizenship: USA

ATTORNEY DOCKET NO. 054666-0002

PATENT

Applicant or Patentee: Ranjan Sachdev

Application or Patent No.: Not Yet Known

For: Medical Examination and Transcription Method,
and Associated Apparatus**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §§ 1.9(f) and 1.27(c)) -- SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Exscribe, Inc.

ADDRESS OF CONCERN 115 Research Drive, Bethlehem, PA 18015

I hereby declare that the above-identified small business concern qualifies as a small business concern, as defined in 13 C.F.R. §§ 121.3-18, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties control or have the power to control both.

I hereby declare that rights under contract or law have been conveyed to, and remain with, the small business concern identified above, with regard to the invention entitled

Medical Examination and Transcription Method, and Associated Apparatus

by inventor(s) Ranjan Sachdev

described in

- ☒ the specification attached hereto.
- ☐ application no. _____, filed _____.
- ☐ patent no. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

**NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27).*

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. § 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Ranjan Sachdev

TITLE President and CEO

ADDRESS 294 Wedgewood Road

Bethlehem, PA 18017

SIGNATURE Ranjan Sachdev Date 12/28/01